



# TOWN OF CHARLEMONT

## INVITATION FOR BIDS (IFB)

### Stand-Alone Handicap Accessible Restroom Facility

Charlemont Fairgrounds  
Park Street  
Charlemont, MA 01339

**Issued By:**

Town of Charlemont  
Office of the Town Administrator  
PO Box 677  
Charlemont, MA 01339  
Phone: 413-339-4335  
Email: [administrator@townofcharlemont.org](mailto:administrator@townofcharlemont.org)

---

## 1. INVITATION

The Town of Charlemont, acting through the Town Administrator as the Chief Procurement Officer, hereby invites sealed bids from qualified contractors for the **design, construction, and installation of a stand-alone handicap accessible restroom facility** at the Charlemont Fairgrounds, Park Street, Charlemont, Massachusetts, in accordance with Massachusetts General Laws Chapter 30B and all other applicable laws.

The contract will be awarded to the **lowest responsive and responsible bidder**.

---

## **2. PROJECT DESCRIPTION**

The project consists of furnishing all labor, materials, equipment, and supervision necessary for the design, construction, and installation of a stand-alone restroom building including:

- Concrete slab foundation with raised footings approximately two (2) feet above grade
- Two restroom units within one structure
- Total of six (6) restroom areas:
  - Two (2) Women's restrooms
  - Two (2) Men's restrooms
  - Two (2) Gender-neutral restrooms
- Four (3) stalls per side (minimum), with at least one fully ADA-compliant stall in each restroom
- Plumbing, electrical, ventilation, lighting, and all related site work

All work shall comply with applicable federal, state, and local regulations, including but not limited to:

- Massachusetts State Building Code
  - Massachusetts Architectural Access Board (521 CMR)
  - Americans with Disabilities Act (ADA)
  - All applicable plumbing and electrical codes
- 

## **3. SCOPE OF WORK**

### **3.1 Design Requirements**

The facility shall include:

- Accessible layout ensuring full ADA and 521 CMR compliance
- Clear accessible pathways to the facility
- Adequate lighting and ventilation
- Separate electrical circuits for interior and exterior lighting
- Durable, weather-resistant, and easy-to-clean materials
- Proper ADA signage including Braille
- Accessible-height sinks and hand dryers
- Emergency call buttons in accessible stalls
- Non-slip flooring
- Proper site drainage
- Low-point drain for winterization
- Installation of ramps and handrails where required

## 3.2 Construction Requirements

- Use of high-quality, weather-resistant materials suitable for outdoor use
- Water-efficient plumbing fixtures
- Installation of all necessary plumbing and electrical systems
- Compliance with all local, state, and federal codes
- Sustainable practices encouraged

---

# 4. BID SUBMISSION REQUIREMENTS

## 4.1 Bid Deadline

Sealed bids must be received no later than:

**May 8 , 2026 1 pm**

at:

Town of Charlemont  
Office of the Town Administrator  
PO Box 677, 157 Main Street  
Charlemont, MA 01339

Bids will be publicly opened and read aloud at the above location immediately following the submission deadline.

Late bids will not be accepted.

---

## 4.2 Bid Format

Bids must be submitted in a sealed envelope clearly marked:

**“Bid – Charlemont Fairgrounds Restroom Facility”**

Bidders shall submit:

1. Completed Bid Form
2. Itemized cost breakdown
3. Non-Collusion Form (signed under penalties of perjury)

4. Certificate of Tax Compliance (M.G.L. c.62C §49A)
5. Evidence of Insurance
6. Copy of applicable Construction Supervisor License (CSL)
7. Proof of Registration as a Home Improvement Contractor (if applicable)
8. References for at least three similar projects
9. Proposed project timeline

Electronic copies may be requested in addition to the sealed hard copy submission.

---

## 5. PRE-BID MEETING

A non-mandatory pre-bid conference will be held on:

**April 16, 2026 1 pm**  
Charlemont Fairgrounds  
Park Street  
Charlemont, MA 01339

Attendance is strongly encouraged.

---

## 6. QUESTIONS

All questions regarding this IFB must be submitted in writing to:

Sarah Reynolds  
Town Administrator  
administrator@townofcharlemont.org

Questions must be received by: **April 20, 2026**

Written addenda, if any, will be issued to all plan holders and shall become part of the contract documents.

---

## 7. CONTRACT AWARD

This procurement is conducted pursuant to **M.G.L. Chapter 30B**.

Award will be made to the **lowest responsive and responsible bidder** meeting all requirements set forth in this IFB.

The Town reserves the right to:

- Reject any or all bids
- Waive minor informalities
- Cancel this IFB if deemed in the best interest of the Town

The selected bidder will be required to:

- Execute a formal written contract
  - Provide certificates of insurance
  - Provide performance and payment bonds if required by law
  - Obtain all necessary permits
- 

## **8. EVALUATION CRITERIA**

Bids will be evaluated on a pass/fail basis for responsiveness. The contract will be awarded to the lowest priced bid submitted by a responsive and responsible bidder.

Responsibility shall include consideration of:

- Experience with similar projects
  - References
  - Financial stability
  - Licensing and insurance compliance
  - Ability to complete the project within the specified timeline
- 

## **9. INSURANCE REQUIREMENTS**

The selected contractor shall provide proof of insurance including:

- Commercial General Liability
- Workers' Compensation (as required by law)
- Automobile Liability (if applicable)

Coverage limits shall be specified in the contract documents.

---

## **10. TERMS AND CONDITIONS**

- All bids shall remain firm for thirty (30) days following the bid opening.

- All submitted bids become the property of the Town of Charlemont.
  - The Town is not responsible for costs incurred in the preparation of bids.
  - The contract shall not be considered executed until approved and signed by authorized Town officials.
- 

## **11. FUNDING**

This project is subject to appropriation and availability of funds.

---

# BID FORMS

Town of Charlemont  
Invitation for Bids (IFB)  
Stand-Alone Handicap Accessible Restroom Facility  
Charlemont Fairgrounds

---

## BID FORM

### Bidder Information

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Massachusetts Construction Supervisor License (CSL) #: \_\_\_\_\_  
HIC Registration (if applicable): \_\_\_\_\_

---

### BASE BID

The undersigned agrees to furnish all labor, materials, equipment, supervision, permits, and services necessary to complete the Stand-Alone Handicap Accessible Restroom Facility project in accordance with the Invitation for Bids and all contract documents for the following lump sum price:

#### BASE BID (LUMP SUM):

\$ \_\_\_\_\_

(Written Amount)

---

---

### ALTERNATES (If Applicable)

Alternate No. 1: \_\_\_\_\_

\$ \_\_\_\_\_

Alternate No. 2: \_\_\_\_\_

\$ \_\_\_\_\_

(If no alternates are provided, state "N/A")

---

## **PROJECT TIMELINE**

Proposed Start Date: \_\_\_\_\_

Substantial Completion (Calendar Days from Notice to Proceed): \_\_\_\_\_ Days

---

## **ADDENDA ACKNOWLEDGEMENT**

The Bidder acknowledges receipt of the following Addenda:

Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_

Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_

Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_

---

## **BID SIGNATURE**

The undersigned certifies that this bid is submitted in good faith and without collusion and that the bidder is fully qualified to perform the work described.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

---

# STATUTORY CERTIFICATIONS

(Required for all Chapter 30B Sealed Bids)

---

## 1. NON-COLLUSION FORM

(Required under M.G.L. c.30B §10)

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word “person” shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_

---

## 2. CERTIFICATE OF TAX COMPLIANCE

(M.G.L. c.62C §49A)

Pursuant to Massachusetts General Laws Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number or Federal ID Number: \_\_\_\_\_

---

### **3. CERTIFICATE OF AUTHORITY**

(If Bidder is a Corporation)

I hereby certify that I am the Clerk/Secretary of

---

(Name of Corporation)

and that \_\_\_\_\_

(Name of Officer)

is duly authorized to sign contracts and bids on behalf of said corporation, and that such authority remains in full force and effect.

Signed under penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, **20**.

Signature: \_\_\_\_\_

Clerk/Secretary

Corporate Seal (if applicable)

---

### **4. CERTIFICATE OF INSURANCE ACKNOWLEDGEMENT**

The bidder agrees, if awarded the contract, to furnish certificates of insurance evidencing the following minimum coverage:

- Commercial General Liability
- Workers' Compensation (as required by M.G.L. c.152)
- Automobile Liability (if applicable)

The Town of Charlemont shall be named as an additional insured where appropriate.

Signature: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_

---

## 5. REFERENCES FORM

List at least three similar projects completed within the last five years:

### Project 1

Project Name: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Contact Person & Phone: \_\_\_\_\_

Project Cost: \_\_\_\_\_

### Project 2

Project Name: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Contact Person & Phone: \_\_\_\_\_

Project Cost: \_\_\_\_\_

### Project 3

Project Name: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Contact Person & Phone: \_\_\_\_\_

Project Cost: \_\_\_\_\_